



PRIMARY HOME CARE (PHC)  
ATTENDANT COMPENSATION RATE ENHANCEMENT  
Fiscal Year 2020  
Enrollment Worksheets and Instructions

July 1 - July 31, 2019 Enrollment  
for Levels to be Effective September 1, 2020

NOTE: These worksheets are provided for your own information and may be retained in your files for future reference. **Do not return** them to the Texas Health and Human Services Commission.

For assistance with the completion of these forms, contact:  
[RAD-LTSS@hsc.state.tx.us](mailto:RAD-LTSS@hsc.state.tx.us) or 512-424-6637.

A project of  
the Texas Health and Human Services Commission (HHSC)

INSTRUCTIONS  
Primary Home Care (PHC) Attendant Compensation Rate Enhancement  
Enrollment Worksheets

**Purpose**

To allow providers to calculate spending requirements and potential differences between costs and revenues under the Attendant Compensation Rate Enhancement. This information can be used by providers to help them make an informed decision about participation in the enhancement program.

**Reporting Period**

Select a reporting period that is representative of your typical caseload and staffing and that is as close to the open enrollment period as possible. The reporting period may be of any length, although a minimum of one payroll period is recommended. For example, the reporting period might be one payroll period in June, one month (i.e., June 1 - June 30) or your most recent cost-reporting period. To check for inconsistencies in your data and errors in your calculations, it is recommended that you complete worksheets for two different reporting periods at least three months apart and compare the results. Large variances indicate either an error in completing the worksheets or large fluctuations in caseload and staffing. Any such fluctuations should be taken into account when making your enrollment decision.

**Elimination of Grouping of Contracts**

Changes to 1 TAC §355.112(ee) were effective April 1, 2012 that changed the timing of requests for grouping. Providers will no longer be given the option of grouping during this Fiscal Year 2019 Open Enrollment, but instead they may request HHSC Rate Analysis to aggregate (also known as grouping) the contracts at the time of the submission of the cost report covering the fiscal year of the awarded enhancement level.

**Levels of Enhancement**

Contracted providers must request an enhancement level at which they want to participate in this optional program. Contracted providers providing both Priority and Nonpriority services must specify for each type of service (i.e., Priority and Nonpriority) the level of enhancement they wish to participate. Please refer to the Enrollment Contract Amendment as the method for requesting a level. Providers may request a level within the proposed range; therefore, HHSC RAD recommends that you complete the worksheets for whatever level you want to request to inform your decision. Funds may not be available to grant all requests; therefore, please consult the Participation Status - Levels Awarded List to be posted on the HHSC RAD webpage for this program in mid-September 2018 to learn your final awarded level. No award letters will be distributed; the website is the sole source for information about awarded levels.

**Definitions**

*ATTENDANT* - the unlicensed caregiver providing direct assistance to the clients with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Attendants do not include the director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff or attendant supervisors unless they are delivering attendant services that

cannot be delivered by another attendant, to prevent a break in service. To be allowable for the Attendant Compensation Rate Enhancement, attendant expenses must be direct costed. Direct costing requires daily timesheets documenting time spent performing attendant services for the contract.

## **WORKSHEETS - Priority & Non-Priority**

**Instructions for the Worksheets are identical except that one should be completed for Priority attendants only and the other should be completed for Nonpriority attendants only.**

### **STEP 1 - Enter required data**

**NOTE: exclude all salaries, wages, payroll taxes, benefits and mileage reimbursements for services delivered to STAR+PLUS clients.**

Round all monetary amounts in Step 1 to the nearest whole dollar (with no zeros included for "cents"). For example, \$25.49 should be rounded to \$25 and \$25.50 should be rounded to \$26.

Staff and Contracted Attendant Salaries and Wages: report accrued salaries and wages for attendants employed or contracted by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. See the Definitions section for requirements pertaining to staff members functioning in more than one capacity.

FICA and Medicare: report employer paid FICA and Medicare taxes for attendants. FICA taxes may be allocated based upon percentage of eligible salaries.

State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer paid unemployment expenses for attendants. Unemployment expenses may be allocated based upon percentage of eligible salaries.

Workers' Compensation Insurance Premiums: report premiums for workers' compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries for attendants. Workers' compensation premiums may be allocated based upon percentage of eligible salaries.

Workers' Compensation Paid Claims: report medical claims paid for employee on-the-job injuries for attendants. Paid claims may be allocated based upon percentage of eligible salaries or direct costed.

Employee Health Insurance: report employer-paid health insurance for attendants. Employer-paid health insurance premiums must be direct costed. Paid claims may be allocated based on percentage of eligible salaries or direct costed.

Employee Life Insurance: report any employer-paid life insurance for attendants. Employer-paid life insurance costs must be direct costed.

Other Employee Benefits: report any employer-paid disability insurance and retirement contributions for attendants. These benefits must be direct costed. The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are not to be reported as Other Employee Benefits.

Mileage Reimbursement: report the mileage reimbursement paid to an attendant for use of his/her personal vehicle and which is not subject to payroll taxes. The maximum allowable mileage reimbursement is as follows:

- 1/1/18 – 12/31/18 54.5 cents per mile
- 1/1/19 – 12/31/19 58.0 cents per mile

Box A -Total Attendant Cost: sum all the above into Box A.

Box B Report the total number of units of PHC services **PROVIDED** by your attendants to all individual clients (excluding STAR+PLUS clients) during the reporting period. **This does not mean the number of PHC hours of service billed!** In addition to the billed units of service, you should include units of service provided for which you may never be reimbursed (e.g., service provided to a client whose doctor's orders are not up to date). Report units of service to two decimal places. For example, 175.5 units of service should be reported as 175.50 and 174 units of service should be reported as 174.00.

**NOTE:** All monetary calculations in Steps 2 - 3 should be carried out to **two decimal places**.

**STEP 2 - Determine attendant cost per unit of service.**

Divide total attendant costs from Box A by total units of service from Box B. Enter the result in Box C. This is your estimated attendant cost per unit of service.

**For Step 3 , please refer to the attached Priority and Nonpriority Payment Rates worksheets to obtain the attendant rate for each participating level.**

**STEP 3 - Determine attendant rate and attendant spending requirement for requested participating level.**

Enter the level of enhancement at which you will request to participate in Column A. Enter in Column B, the attendant rate component for the level of enhancement at which you will request to participate. To calculate the required spending for participating at the enhancement level requested, take the amount in Column B and multiply by 0.90. Enter the result in Column C.

Enter in Column E, your current attendant cost per unit of service from Box C, Step 2. Subtract the value in Column E from Column C. If the result of this operation is less than zero, set the result equal to zero. Enter the result in Column F.

Column D shows the difference between the attendant rate component for the enhancement level you have requested and the required attendant compensation spending for that requested level.

Column E shows your current spending on attendant compensation.

Column F shows how much you would need to increase your current spending on attendant compensation to meet the attendant spending requirement for participating at the level you requested.

**Things to consider when making your participation decision.**

This list various aspects of your business situation to consider in making your participation decision. The list is not all-inclusive and there may be other facts to consider in deciding whether or not to participate.

**Check all calculations to insure accuracy.**